#### **Application Data Sheet**

#### **Application Information**

Application Type:: Regular Subject Matter:: Utility

Suggested Group Art Unit:: N/A

CD-ROM or CD-R?:: None

Sequence submission?:: None

Computer Readable Form (CRF)?:: No

Title:: NONWOVEN TISSUE SCAFFOLD

Attorney Docket Number:: 022956-0261

Request for Early Publication?:: No

Request for Non-Publication?:: No

Small Entity?:: No

Petition included?:: No

Secrecy Order in Parent Appl.?:: No

### **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Stephanie

Middle Name:: M.

Family Name:: Kladakis

City of Residence:: Watertown

State or Province of Residence:: MA

Country of Residence:: US

Street of mailing address:: 56 Boylston Street

City of mailing address:: Watertown

State or Province of mailing address:: MA

Postal or Zip Code of mailing address:: 02472

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Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Joseph

Middle Name:: J.

Family Name:: Hammer

City of Residence:: Bridgewater

State or Province of Residence:: NJ

Country of Residence:: US

Street of mailing address:: 466 Country Club Road

City of mailing address:: Bridgewater

State or Province of mailing address:: NJ

Postal or Zip Code of mailing address:: 08807-2404

Applicant Authority Type:: Inventor

Primary Citizenship Country:: India

Status:: Full Capacity

Given Name:: Dhanuraj

Family Name:: Shetty

City of Residence:: Somerset

State or Province of Residence:: NJ

Country of Residence:: US

Street of mailing address:: 1 JFK Blvd. Franklin Greens

Apt. #20-A

City of mailing address:: Somerset

State or Province of mailing address:: NJ

Postal or Zip Code of mailing address:: 08873

Applicant Authority Type:: Inventor

Primary Citizenship Country:: India

Status:: Full Capacity

Given Name:: Sridevi

Family Name:: Dhanaraj

City of Residence:: Raritan

Country of Residence:: NJ

Street of mailing address:: 3 Roderer Drive

City of mailing address:: Raritan

State or Province of mailing address:: NJ

Postal or Zip Code of mailing address:: 08869

## **Correspondence Information**

Correspondence Customer Number:: 021125

# **Representative Information**

Representative Customer Number:: 021125

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